

## Peer Mentoring for Device Patients

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### **The Device Clinic has trained peer mentors waiting to talk to you!**

- Do you have an ICD and have questions that only someone else living with an ICD can answer?
- Are you facing the need for an ICD sometime in the future?
- Are you a family member or caregiver that has questions that only another family member or caregiver can answer?

To offer the most support to our patients who have an ICD or are being considered for one, the Device Clinic is pleased to let you know we have trained **peer mentors** available to answers these questions for you and your family.

### **What is a trained peer mentor?**

A peer mentor is a patient who has been on a similar health journey to the one you are facing. Each peer mentor in the device clinic has been living with an ICD and is available to share their experiences, answer your questions, and help discuss with you what life is like when you have an ICD.

### **How can I be matched with a peer mentor?**

If you feel you may benefit from being connected to one of our mentors:

- Contact Leah Brock, at (734) 232-1559 or [brockl@umich.edu](mailto:brockl@umich.edu).
- Or, bring the completed “**Expression of Interest**” form found on the back side of this page to your next clinic appointment and give it to your nurse.
- Once we receive your form, you will be matched with a peer mentor who will reach out to you to get your conversation going.

**We look forward to connecting you with a mentor. You never know what you could gain from talking with someone who has walked in your shoes!**

## Expression of Interest for Peer Mentoring



Name \_\_\_\_\_

I am a ☐ patient ☐ family member ☐ other

Patient's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City where you live \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

My preferred method(s) of contact with a mentor is/are...

☐ Face-to-face

☐ Telephone

☐ Email

☐ Text

☐ Online chat room/social media

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Can we leave a confidential voicemail? ☐ No ☐ Yes

What is/are your primary cardiac diagnosis/es? \_\_\_\_\_

\_\_\_\_\_

When did you receive your ICD? Or when might you? \_\_\_\_\_

Have you ever been shocked? ☐ No ☐ Yes..... # of shocks \_\_\_\_\_

Do you have any children? ☐ No ☐ Yes.....Ages \_\_\_\_\_

Things you want your mentor to know? \_\_\_\_\_

\_\_\_\_\_

**I agree to have you submit this information to a peer mentor on my behalf.**

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff - please return completed forms to Leah Brock, SW, office #3527, CVC 3, or call 2.1559 .

Peer assigned \_\_\_\_\_

Date Assigned \_\_\_\_\_